Gentle Dove Reiki

Phone: 267-416-6005 (call or text to this number) email: info@gentledovereiki.com

IET® Class Registration Form

Name:	e mail this completed and signe	d form	
Address:			
City:	State:	ZIP:	-
Email:	(required) Phor	(required) Phone:(required)	
Date of Birth: (require	ed) Payment wit	th Registration \$	
Payment Type: Check no *Acct#			
For the following Classes: IET *(Integrated Energy Therapy*): (S	Salast slass lavel)		
Basic Level () Intermediate Level (Date of class: Are you retaking this class for the purpose of Basic/Healing Angels Unified 2 day () Basic/Intermediate/Advanced (3 day) In	f <i>reviewing?()Yes ()No</i> Intermediate/Advand	o (If Yes, Review Fee payr	
*Please note other than Basic level (IET) will require you provide Form. If you have any questions about our policy please contact	e a copy of your certifications		
If you have made your payment online, you are don Groman in the amount of the class fee(s) or a minim Reiki, P.O. Box 212, Schwenksville, PA 19473-0212. the class date. To register after the deadline you mu	e! If you choose to pay by cl num \$100.00 non-refundable Please note all <mark>mail i</mark> n regis	heck include your check e deposit of per class and stration must be received	made payable to <mark>Linda L</mark> I mail to <u>Gentle Dove</u> I 7 calendar days prior to
You will receive a confirmation email when yo	u have been successfully	registered for the class	ss/es.
I hereby request to be registered for the above noted deposit (per class) which is partially non-refundable if over and above \$25.00 will be refunded within 7 busin email (classes@gentledovereiki.com). A \$25 credit will months of the original scheduled class. If I do not use forfeited my this credit.	f I later choose not to attend ness days after notice of can ill be given which can be used	this class once registered cellation is received via p d toward another class of	d. Any payments made hone call, regular mail or r workshop within 6
Signed by:		Date	